TO BE FILLED OUT BY THE CANDIDATE OR DESIGNATED AGENT	
Candidate Name	
Designated Agent Name (if a designated agent, not the cand	lidate, is submitting petition packets)
Estimated Number of Petition Packets in Submission	Estimated Number of Petition Signatures in Submission
Number of Required Petition Signatures	Please Indicate: First submission Supplemental submission
Please Initial:	
I understand the totals provided above are of petition packets or verifiable signatures.	estimates, are not an official count, and may not reflect the final count of
Signature of Candidate or Designated Agent	Date
OFF	ICE USE ONLY
Signature of Candidate or Designated Agent	Date
Submission Date and Time	
	AM / PM
Date	Time